**CIVIL CASE INFORMATION STATEMENT**
**CIVIL CASES**
(Other than Domestic Relations)

**In the Circuit Court, _____ County, West Virginia**

**I. CASE STYLE:**

**Plaintiff(s)** **Case #** _____

_____ **Judge:** _____

_____

_____

**vs.**

| **Defendant(s)** | **Days to Answer** | **Type of Service** |
|---|---|---|
| _____ | _____ | _____ |
| **Street** | | |
| _____ | _____ | _____ |
| **City, State, Zip** | | |
| _____ | | |
| _____ | | |
| **Street** | | |
| _____ | _____ | _____ |
| **City, State, Zip** | | |
| _____ | | |
| _____ | | |
| **Street** | | |
| _____ | _____ | _____ |
| **City, State, Zip** | | |
| _____ | | |
| _____ | | |
| **Street** | | |
| _____ | _____ | _____ |
| **City, State, Zip** | | |

**Original and _____ copies of complaint enclosed/attached.**

| PLAINTIFF:<br>DEFENDANT: | CASE NUMBER: |
|---|---|

**II. TYPE OF CASE:**

- ☐ **General Civil**
- ☐ **Mass Litigation**
  **(As defined in T.C.R. Rule XIX (c)**
  - ☐ **Asbestos**
  - ☐ **Carpal Tunnel Syndrome**
  - ☐ **Diet Drugs**
  - ☐ **Environmental**
  - ☐ **Industrial Hearing Loss**
  - ☐ **Silicone Implants**
  - ☐ **Other:** _____
- ☐ **Habeas Corpus/Other Extraordinary Writ**
- ☐ **Other:** _____
- ☐ **Adoption**
- ☐ **Administrative Agency Appeal**
- ☐ **Civil Appeal from Magistrate Court**
- ☐ **Miscellaneous Civil Petition**
- ☐ **Mental Hygiene**
- ☐ **Guardianship**
- ☐ **Medical Malpractice**

**III. JURY DEMAND:** ☐ **Yes** ☐ **No**

**CASE WILL BE READY FOR TRIAL BY (MONTH/YEAR):** _____/_____

**IV. DO YOU OR ANY OF YOUR CLIENTS OR WITNESSES IN THIS CASE REQUIRE SPECIAL ACCOMMODATIONS DUE TO A DISABILITY?** ☐ **YES** ☐ **NO**

**IF YES, PLEASE SPECIFY:**

- ☐ **Wheelchair accessible hearing room and other facilities**
- ☐ **Interpreter or other auxiliary aid for the hearing impaired**
- ☐ **Reader or other auxiliary aid for the visually impaired**
- ☐ **Spokesperson or other auxiliary aid for the speech impaired**
- ☐ **Other:**_____

**Attorney Name:**_____

**Firm:**_____

**Address:**_____

**Telephone:**_____

**Dated:**_____

***Representing:***

☐ **Plaintiff** ☐ **Defendant**

☐ **Cross-Complainant** ☐ **Cross-Defendant**

_____

**Signature**

☐ **Proceeding Without an Attorney**